

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-11-05</u>		2 Serial/Patent # <u>10/521463</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other <u>Fee Code Correction</u>		<u>06-13-2005 BICAMPBELL 0010502000</u> <u>Ref: 06/13/2005 BICAMPBELL 0010502000</u> <u>Pat: 10/521463</u> <u>Fee: \$50.00 CR</u>	\$ <u>50.00</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>50.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/c #:		
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>06--0916</u>		
<u>Fee Code Correction</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>B. CAMPBELL</u>		TITLE: _____		
SIGNATURE: <u>BAC</u>		PHONE: _____		
OFFICE: <u>PCT/DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B